REMARKS

Claims 1-7 are pending in this application. Claims 1, 6, and 7 are amended herein. Support for the amendments to the claims may be found in the claims as originally filed, as well as in the specification at page 19, lines 9-19, from page 22, line 3 to page 25, line 17, and in Figs. 2, 20, and 21. Reconsideration is requested based on the foregoing amendment and the following remarks.

Interview Summary

The Applicants submit the following summary of the Office interview that took place July 18, 2006 between the undersigned representative of the Applicants and the Examiners.

Office Conference:

The Applicants thank the Examiners for the many courtesies extended to the undersigned representative of the Applicants during the telephone interview that took place July 18, 2006.

Among the issues discussed during that interview were the patentability of the claims over the cited references, and the above-mentioned amendments to the claims. The claims have been amended as discussed substantially in the interview, and support has been cited for them in the specification as filed originally. Further favorable consideration is therefore requested.

Claim Rejections - 35 U.S.C. § 102:

Claim 7 was rejected under 35 U.S.C. § 102(b) as anticipated by U.S. Patent No. 6,697,783 to Brinkman et al. (hereinafter "Brinkman"). The rejection is traversed to the extent it might apply to the claims as amended. Reconsideration of the rejection is requested respectfully.

One problem with cases like Brinkman in which an operator provides the caller with medical, pharmaceutical, and/or health benefit advice, as described in the specification beginning at line 19 on page 1, is that she/he may first choose as the hospital for referral a hospital at which a doctor she/he knows is affiliated, or a hospital to which she/he has a personal connection. In other words, it is not always the case that the referral letter is written to the most appropriate hospital. And even if an operator is able to learn of a hospital having a specialist or testing equipment that is appropriate in light of the results of a patient examination, if it is the first time that the hospital making the referral is making a patient referral with that hospital, it will have

difficulty identifying the section and doctor to whom the referral letter should be addressed, and will have trouble making contact in order to schedule an appointment.

The claimed invention, in contrast, may ameliorate the sorts of issues posed by cases like Brinkman in which an operator provides the caller with medical, pharmaceutical, and/or health benefit advice, as explained in the specification beginning at line 16 on page 3, by providing a health care information system that stores information on referee medical institutions that are relatively large or have specialists for certain diagnoses, treatments, or diseases; selects an appropriate referee medical institution based on examination information input by a doctor at a clinic or relatively small hospital; assists in the transmission of a referral letter from the medical institution making the reference; and also assists when a referee medical institution sends back a patient examination report.

Thus, in the claimed invention, in contrast to Brinkman, an appropriate referee medical institution is selected based on examination information input by a doctor at a clinic or relatively small hospital, rather than by the operator. The risks of self-dealing, carelessness, or ignorance inherent in the operator-controlled referrals of Brinkman may be reduced thereby. The third clause of claim 7, in particular, recites:

> Automatically referring appropriate referee medical institutions to said referrer medical institution based on said patient examination information.

Here, the term "based on said patient examination information" includes, inter alia, information *about* a patient, as well as the information that may be listed on, for example, the patient's chart.

Brinkman neither teaches, discloses, nor suggests, "automatically referring appropriate referee medical institutions to said referrer medical institution based on said patient examination information," as recited in claim 7. In Brinkman, rather, the operator may request that the system generate a referral 715 in accordance with health benefit plan rules and guidelines, rather than "automatically referring appropriate referee medical institutions to said referrer medical institution based on said patient examination information," as recited in claim 7. In particular, as described at column 11, lines 39-46:

> Referring again to FIG. 7, if, while analyzing the caller's request and providing advice, the operator determines that the caller must visit a doctor, the operator may request that the system generate a referral 715 in accordance with health benefit plan rules and guidelines. The operator may, for example, access a database of participating providers and the rules associated with referring members to specific physicians, based on the symptom or condition described.

Since, in Brinkman, the operator may request that the system generate a referral 715 in accordance with health benefit plan rules and guidelines; Brinkman is not "automatically referring appropriate referee medical institutions to said referrer medical institution based on said patient examination information," as recited in claim 7.

Claim 7 is submitted to be allowable. Withdrawal of the rejection of claim 7 is earnestly solicited.

Claim Rejections - 35 U.S.C. § 103:

Claims 1-5 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Brinkman in view of U.S. Patent No. 6,038,566 to Tsai (hereinafter "Tsai"), U.S. Patent No. 5,911,687 to Sato et al. (hereinafter "Sato"), and U.S. Patent No. 6,283,761 to Joao (hereinafter "Joao"). The rejection is traversed. Reconsideration is earnestly solicited.

The fourth clause of claim 1 recites:

> Automatically referring appropriate referee medical institutions from said referee hospital information storage means to said referrer medical institution based on examination information.

Here, the term "based on examination information" includes, inter alia, information *about* a patient, as well as the information that may be listed on, for example, the patient's chart.

Brinkman neither teaches, discloses, nor suggests "automatically referring appropriate referee medical institutions from said referee hospital information storage means to said referrer medical institution based on examination information," as discussed above with respect to the rejection of claim 7. Neither Tsai, Sato, nor Joao does either, and thus none of them can make up for the deficiencies of Brinkman with respect to claim 1. Neither Tsai, Sato, nor Joao, in fact, mentions referrals at *all*. Thus, even if Brinkman, Tsai, Sato, and Joao were combined, as proposed in the final Office Action, the claimed invention would not result.

The eighth clause of claim 1 recites:

> Electronic patient charts are also prepared or updated at said referee medical institutions based on said referral information from said referrer medical institutions.

Neither Brinkman, Tsai, Sato, nor Joao teach, disclose, or suggest, "electronic patient charts are also prepared or updated at said referee medical institutions based on said referral information from said referrer medical institutions." Neither Tsai, Sato, nor Joao mentions referrals at *all*, as discussed above, let alone "electronic patient charts are also prepared or updated at said

referee medical institutions based on said referral information from said referrer medical institutions," as recited in claim 1. Thus, even if Brinkman, Tsai, Sato, and Joao were combined, as proposed in the final Office Action, the claimed invention would not result. Claim 1 is submitted to be allowable. Withdrawal of the rejection of claim 1 is earnestly solicited.

Claims 2-5 depend from claim 1 and add additional distinguishing elements. Claims 2-5 are thus also submitted to be allowable. Withdrawal of the rejection of claims 2-5 is earnestly solicited.

Claim 6:

Claim 6 was rejected under 35 U.S.C. § 103(a) as being unpatentable over Brinkman and in view of Joao and Sato. The rejection is traversed. Reconsideration is earnestly solicited.

The fourth clause of claim 6 recites:

> Automatically referring appropriate referee medical institutions to said referrer medical institution based on said patient information.

Here, the term "based on said patient information" includes, inter alia, information *about* a patient, as well as the information that may be listed on, for example, the patient's chart.

Brinkman neither teaches, discloses, nor suggests "automatically referring appropriate referee medical institutions to said referrer medical institution based on said patient information," as discussed above with respect to the rejection of claim 7. Neither Joao nor Sato does either, and thus neither of them can make up for the deficiencies of Brinkman with respect to the rejection of claim 1. Neither Joao nor Sato, in fact, mentions referrals at *all*. Thus, even if Brinkman, Joao, and Sato were combined, as proposed in the final Office Action, the claimed invention would not result.

Claim 6 is thus submitted to be allowable, for at least those reasons discussed above with respect to the rejections of claims 1 and 7. Withdrawal of the rejection of claim 6 is earnestly solicited.

Conclusion:

Accordingly, in view of the reasons given above, it is submitted that all of claims 1-7 are allowable over the cited references. Allowance of all claims 1-7 and of this entire application is therefore respectfully requested.

If there are any formal matters remaining after this response, the Examiner is requested to telephone the undersigned to attend to these matters.

If there are any additional fees associated with filing of this Amendment, please charge the same to our Deposit Account No. 19-3935.

Respectfully submitted,

STAAS & HALSEY LLP

Date: 2/8/06

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